

PROFESSIONAL ORGANIZATIONAL MEMBERSHIP REIMBURSEMENT REQUEST

(For use of this form, see USMEPCOM Reg 601-4)

1. TO: _____ Sector ESS

2. _____ MEPS requests reimbursement for joining the following professional educator organizations for promotion of the ASVAB Career Exploration Program. The total amount of reimbursement does not exceed \$300 per year.

3. Organization

4. Amount

5. TOTAL _____

6. BT Signature _____

7. Date _____

8. Commander's Signature _____

9. Date _____